



**Application for Waiver of Minimum Wage for
Student Employees Enrolled In and Employed by a School,
College, University, or Bona Fide Educational Institution
455 C.M.R. 2.05(1)(a) and (b)**

Pursuant to 455 C.M.R. 2.05(1)(a) and (b), the Department of Labor Standards may issue to any school, college, university, hospital, laboratory, or bona fide educational institution a license permitting payment of not less than 80% of the basic minimum wage rate (\$8.00 per hour x 80% = \$6.40 per hour) to students enrolled in and employed by the institution.

To apply for this annual waiver, the employer must submit this completed application form, along with a fee of one hundred dollars (\$100). The fee must be submitted in the form of a money order or check, payable to the Commonwealth of Massachusetts, in the amount of the entire annual fee. This fee is not refundable in the event that this application is denied.

Please submit the completed application form and application fee to:

**Department of Labor Standards
Minimum Wage Program
19 Staniford Street, 2nd Floor
Boston, MA 02114**

Your application form and fee should be submitted at least 30 days prior to the requested date of applicability.

**If you have any questions regarding this application,
please contact DLS at 617-626-6952**



Application for Waiver of Minimum Wage for Student Employees Enrolled In and Employed by a School, College, University, or Bona Fide Educational Institution 455 C.M.R. 2.05(1)(a) and (b)

Please provide the following information:

1. Name of school, college, university, hospital, laboratory, or bona fide educational institution: _____

2. Nature of business: _____
3. Telephone number: _____
4. Business address: _____
5. Name of contact person and title: _____
6. Provide the number of students to be employed at sub-minimum wage: _____
7. Are all students to be employed at sub-minimum wage enrolled in the institution? Yes / No
8. List the duties to be performed by the student employees: _____

9. Provide the proposed hourly wage to be paid to student employees: _____
10. List all deductions from wages (items and amounts), other than those required by law:

11. a. Is this the institution's first application? Yes / No
b. If this is not the first application, when was the last application made? _____
c. If a previous application was approved, when was the waiver in effect? _____

Please note: If the waiver application is approved, the Department of Labor Standards may attach conditions to the granting of the waiver if deemed necessary.

Signature of Applicant: _____

Name of Applicant: _____

Title: _____ Date: _____

Office Use Only

CMS # _____ Check # _____ Date Received _____
Expiration Date _____ Granted / Denied Date _____ New Application / Renewal